



**CEMETERY AND FUNERAL BUREAU**  
 1625 NORTH MARKET BLVD., SUITE S-208  
 SACRAMENTO, CA 95834  
 (916) 574-7870 Fax (916) 574-8620



## 2005 ENDOWMENT CARE FUND AND SPECIAL CARE FUND REPORT

**CERTIFICATE OF AUTHORITY (LICENSE) NUMBER:** COA \_\_\_\_\_

**CORPORATION NAME:** \_\_\_\_\_

**PHONE NUMBER:** (\_\_\_\_) \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
 [For written correspondence]

**CEMETERY NAME:** \_\_\_\_\_

**PHONE NUMBER:** (\_\_\_\_) \_\_\_\_\_

**CEMETERY ADDRESS:** \_\_\_\_\_  
 [Cemetery's physical address]

**Reporting Period:** (check one)

☐ **Calendar Year – Beginning January 1, 2005 and ending December 31, 2005**

☐ **Fiscal Year – Beginning \_\_\_\_\_ and ending \_\_\_\_\_**

### IMPORTANT REPORTING INFORMATION

- 1. FILING DATE** – If the reporting period is a calendar year, Business and Professions Code Section 9650(a) requires that this report be filed with the Cemetery and Funeral Bureau on or before June 1, 2006.
- 2. FISCAL YEAR FILING DATE** – If prior approval has been received to file this report on a fiscal year basis, Business and Professions Code Section 9650(a) requires that this report be filed with the Cemetery and Funeral Bureau within five months after the close of the fiscal year end.
- 3. AUDIT REPORT** – Business and Professions Code Section 9650(b) requires that an audit report upon the general purpose financial statements of the endowment care fund and special care fund accompany this report and be signed by the certified public accountant or public accountant that performed the audit.
- 4. VERIFICATION** – Business and Professions Code Section 9650(b) requires that the president or vice president and at least one other officer of the cemetery corporation verify this report.
- 5. LATE FILING PENALTY** – Any report postmarked after June 1, 2006 or more than five months after the close of the fiscal year end is considered late. **Reports filed late are subject to the late filing fine pursuant to Business and Professions Code Section 9650.4. Failure to file the report may result in disciplinary action by the Bureau.**

## 2005 ENDOWMENT CARE FUND AND SPECIAL CARE FUND REPORT

1. List all officers and directors of the Cemetery Corporation and include each individual's residence or business address and telephone numbers (not the cemetery corporation address and telephone number). **Attach additional pages if necessary.**

Name, Address, Telephone Number	Title
a. _____ _____ _____ _____	_____ _____ _____ _____
b. _____ _____ _____ _____	_____ _____ _____ _____
c. _____ _____ _____ _____	_____ _____ _____ _____
d. _____ _____ _____ _____	_____ _____ _____ _____
e. _____ _____ _____ _____	_____ _____ _____ _____

2. Does more than one member of the board of trustees over the endowment care fund and special care fund(s) have a proprietary interest in the cemetery authority? (*Health & Safety Code § 8732*) Yes \_\_\_\_\_ No \_\_\_\_\_  
If 2 is YES – Please explain.

3. Is the cemetery establishment a not-for-profit operation for income tax purposes under the Internal Revenue Service (IRS) Code?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, under what IRS Code Section? \_\_\_\_\_

## 2005 ENDOWMENT CARE FUND AND SPECIAL CARE FUND REPORT

4. List all members of the board of trustees over the endowment care fund and special care fund(s) and include each individual's residence or business address and telephone numbers (not the cemetery corporation address and telephone number) where the trustee can be contacted. **Attach additional pages if necessary.**

If the trustee over the trust fund(s) is a state or national bank authorized to engage in trust business, please provide the name, address, and telephone number of the bank and a contact person at the bank for any questions regarding the trust fund(s).

Name, Address, Telephone Number	Relationship to Cemetery	Trustee Over: ECF	SCF
a. _____ _____ _____ _____	_____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
b. _____ _____ _____ _____	_____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
c. _____ _____ _____ _____	_____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
d. _____ _____ _____ _____	_____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>
e. _____ _____ _____ _____	_____ _____ _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

5. Amount of compensation paid to the board of trustees for this report period? \$ \_\_\_\_\_

(a) Does the total amount of compensation paid to the board of trustees exceed five percent of net income derived from the trust funds? (*Health & Safety Code §8733*) Yes \_\_\_\_ No \_\_\_\_

(b) If 5 (a) is YES – Please explain.

## 2005 ENDOWMENT CARE FUND AND SPECIAL CARE FUND REPORT

6. Has each member of the board of trustees signed an acknowledgment of understanding regarding his or her role and responsibility as a trustee for managing the endowment care fund and special care fund(s)? (*Health & Safety Code §8731.5(c)(1)*) Yes \_\_\_\_\_ No \_\_\_\_\_

7. Does the cemetery authority have fidelity bond coverage executed by an admitted surety insurer in the amount of \$50,000 guaranteeing payment to each endowment care fund and special care fund for any monetary loss incurred by the trust funds for acts of fraud or dishonesty by the trustee or trustees? (*Health & Safety Code §8734*) Yes \_\_\_\_\_ No \_\_\_\_\_

(a) If 7 is YES – Give evidence of the fidelity bond coverage. Evidence should include:

- Bond Number or Policy Number: \_\_\_\_\_
- Name of Insurance Carrier: \_\_\_\_\_
- Effective dates for the Insurance Policy: \_\_\_\_\_
- Maximum Amount of Coverage per Loss: \_\_\_\_\_

(b) If 7 is NO – Is the trustee over the endowment care fund and/or special care fund(s) a state or national bank authorized to engage in trust business pursuant to the California Financial Code?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. List the location within the State of California where the books, accounts and records of the trust fund(s) are maintained and available for inspection.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Name of Entity or Location: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip: \_\_\_\_\_, California, County: \_\_\_\_\_

9. List the name, address and phone number of the certified public accountant or public accountant that performed the audit upon the trust fund(s) for this reporting period.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

10. List the authorized contact person for any questions regarding this report.

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

11. Does the cemetery authority also hold a funeral establishment license? Yes \_\_\_\_\_ No \_\_\_\_\_

## 2005 ENDOWMENT CARE FUND AND SPECIAL CARE FUND REPORT

If 11 is YES – List the funeral establishment name(s) and license number(s)

**Attach additional pages if necessary.**

12. Does the cemetery authority also hold a crematory license? Yes \_\_\_\_\_ No \_\_\_\_\_

If 12 is YES – List the crematory name(s) and crematory license numbers(s).

**Attach additional pages if necessary.**

13. Does the cemetery authority maintain a non-endowment care section? Yes \_\_\_\_\_ No \_\_\_\_\_

14. Does the cemetery authority presently engage in the sale of non-endowment care interment property?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_

15. Does the cemetery authority have the endowment care and/or non-endowment care signs posted as required by: Health and Safety Code Sections 8740, 8741 and 8743; and Title 16, California Code of Regulations Sections 2336 and 2337? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO – Please explain.

16. Do all contracts, literature, etc. for the non-endowment care property contain the required disclosures required by Health and Safety Code Sections 8740 and 8744; and Title 16, California Code of Regulations Sections 2336 and 2337? Yes \_\_\_\_\_ No \_\_\_\_\_ Not Applicable \_\_\_\_\_

If NO – Please explain.

17. Are separate books and records maintained for the endowment care fund and is the endowment care fund kept separate and apart from all other cemetery funds as required by Health and Safety Code Section 8738.2? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO – Please explain.

18. Has the income earned from the investment of the endowment care funds been used solely for the general care, maintenance, and embellishment of the cemetery, reserve for losses and other expenses authorized by law? (*Health & Safety Code § 8726*) Yes \_\_\_\_\_ No \_\_\_\_\_

19. Has the cemetery authority and/or trustees maintained a record of the **specific expenditures** upon which the income from the endowment care funds has been expended? Yes \_\_\_\_\_ No \_\_\_\_\_

## 2005 ENDOWMENT CARE FUND AND SPECIAL CARE FUND REPORT

20. Have the minimum contributions required by Health and Safety Code Section 8738 been deposited into the endowment care fund? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO – Please explain.

21. Has the cemetery authority accepted any payments in advance of need for any services or commodities, other than interment property? Yes \_\_\_\_\_ No \_\_\_\_\_

(a) If YES – Has all money collected in advance of need been deposited into a trust?

Yes \_\_\_\_\_ No \_\_\_\_\_

(b) If NO – Please explain.

22. Has the cemetery authority purchased any cemetery commodities for storage in advance of need?

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES – Does the cemetery authority maintain a written inventory of the commodities in storage?

Yes \_\_\_\_\_ No \_\_\_\_\_

23. Are all payments received for deposit into a special care fund placed into the custody of the trustee within thirty days after receipt? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO – Please explain.

24. Has the cemetery authority and/or trustees maintained a record of the **specific expenditures** made from the special care fund(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

25. Has the principal and income of the special care fund(s) been used only for purposes consistent with the purpose for which the cemetery has been established? Yes \_\_\_\_\_ No \_\_\_\_\_

26. Are any trust fund investments in default?

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES – Identify the investments that are in default.

## 2005 ENDOWMENT CARE FUND AND SPECIAL CARE FUND REPORT

26. Did trust fund investments realize any capital gains and/or losses during the current year?

Yes \_\_\_\_\_ No \_\_\_\_\_

If YES – Complete the schedule of capital gains and losses on page 15.

28. Has the cemetery authority and/or trustees commingled the money from the endowment care trust fund and the special care fund(s) for purposes of investment? Yes \_\_\_\_\_ No \_\_\_\_\_

(a) If YES – Does the cemetery authority have a record of the principal sum contributed from each respective trust fund to the commingled investment(s)? Yes \_\_\_\_\_ No \_\_\_\_\_

(b) If YES – Are the commingled funds limited to only those endowment care and special care funds created by irrevocable trust agreements? Yes \_\_\_\_\_ No \_\_\_\_\_

(c) If NO – Please explain. **Attach additional pages if necessary.**

(d) If 28 is YES – Describe the method used to allocate the income earned on the commingled investments to the endowment care fund and special care fund(s).

29. Has the cemetery authority entered into any transactions between the cemetery corporation or any corporate officer and the trustees over the endowment care fund and/or special care fund(s)?

Yes \_\_\_\_\_ No \_\_\_\_\_

(a) If YES – Do any of the transactions effect the endowment care fund and/or special care fund(s)?

Yes \_\_\_\_\_ No \_\_\_\_\_

(b) If 29 or 29(a) is YES – Attach a statement that identifies the dates, amounts, and a detailed description of the transactions.

## 2005 ENDOWMENT CARE FUND AND SPECIAL CARE FUND REPORT

30. List the contribution rate(s) to the endowment care fund for the sale of interment space in the cemetery during the reporting period for this report. (*Health & Safety Code §8738*)  
**Attach additional pages if necessary.**

Type of Interment Space	Deposit Rate
<i>Grave Space:</i> (List for each type i.e., standard grave, child grave, cremated remains burial, etc.)	
_____	_____ per square foot
_____	_____ per square foot
_____	_____ per square foot
_____	_____ per square foot
 <i>Crypts:</i>	
_____	_____ per crypt
_____	_____ per crypt
_____	_____ per crypt
 <i>Companion crypts:</i>	
First crypt .....	_____ per crypt
Additional crypts .....	_____ per additional crypt
 <i>Niches</i> .....	 _____ per niche
 <i>Other</i> (list reason for other contributions):	
_____	_____ per _____
_____	_____ per _____
_____	_____ per _____

### SCHEDULE OF INTERMENT SPACE SOLD FOR THE YEAR ENDED \_\_\_\_\_

Total number of ground burial spaces sold	_____
Total number of square feet of ground burial spaces sold	_____ square feet
Total number of crypts sold	_____
Total number of niches sold	_____



# 2005 ENDOWMENT CARE FUND AND SPECIAL CARE FUND REPORT

## SCHEDULE A ENDOWMENT CARE FUND CORPUS FISCAL YEAR ENDED \_\_\_\_\_

LINE NO.	DESCRIPTION		
1	Initial deposit		
2	<u>Grave space contributions deposited:</u>		
3	Accumulated balance forward from prior year		
4	Current year deposits		
5	Total deposits for grave space		
6	<u>Crypt space contributions deposited:</u>		
7	Accumulated balance forward from prior year		
8	Current year deposit		
9	Total deposits for grave space		
10	<u>Niche space contributions deposited:</u>		
11	Accumulated balance forward from prior year		
12	Current year deposits		
13	Total deposits for grave space		
14	<b>Total corpus from initial deposit and contributions</b>		
15	<u>Accumulated Capital Gains Realized:</u> Total net capital gains/(losses) since the establishment of the fund through 12/31/04 or previous fiscal year end that has been added to the fund corpus. (This amount should be net of any capital gains previously set aside in the reserve for future maintenance and net of any losses applied against the reserve for losses.)		
16	<u>Current Year Capital Gains/(Losses) Realized:</u>		
17	Capital gains for the current reporting year		
18	Less: Capital losses not applied to the reserve for losses		
19	Net current year capital gains/(losses) Sch. G, line #9		
20	Less: Amount of current year capital gain set aside in the Reserve for future maintenance		
21	Total current year net capital gains/(losses) added to fund Corpus		
22	<b>Total fund corpus from net capital gains/(losses) add lines #15 &amp; #20</b>		
23	<b>Total corpus</b> (initial deposit, contributions and capital gains)		
24	Reserve for losses—Sch. C1, line #5		
25	Reserve for future maintenance—Sch. C2, line #5		
26	Unexpended trust income		
27	<b>Total endowment care fund corpus, reserves, and unexpended income</b>		

# 2005 ENDOWMENT CARE FUND AND SPECIAL CARE FUND REPORT

## SCHEDULE B RECONCILIATION OF THE ENDOWMENT CARE FUND PER THIS REPORT TO THE AUDITED ENDOWMENT CARE FUND BALANCE FISCAL YEAR ENDED \_\_\_\_\_

Line No.		
1	Total endowment care fund corpus, reserves, and unexpended income (Schedule A, Line 26)	
	<u>Add (Subtract) Reconciling Items:</u>	
2a	Unrealized capital gains (losses)	
2b		
2c		
2d		
2e		
2f		
2g		
2h		
2i		
2j		
2k		
3	Endowment Care Fund balance per audited financial statements	

Attach additional pages if necessary.

## 2005 ENDOWMENT CARE FUND AND SPECIAL CARE FUND REPORT

### SCHEDULE C1 ENDOWMENT CARE FUND RESERVE FOR LOSSES

Line No.		
1	Beginning balance	
2	Additions to the reserve for the current year	
3	Total available reserve for losses	
4	Less: Capital losses realized	
5	<b>Total ending balance reserve for losses</b>	

Explain the basis of the current year additions to the reserve for losses.

If losses are applied to the reserve, give a detailed description of the losses.

**Attach additional pages if necessary.**

### SCHEDULE C2 ENDOWMENT CARE FUND RESERVE FOR FUTURE MAINTENANCE

Line No.		
1	Beginning balance	
2	Additions to the reserve for the current year	
3	Total available reserve for future maintenance	
4	Less: Current year reserve expended for maintenance	
5	<b>Total ending balance reserve for future maintenance</b>	

Has the cemetery authority maintained a record of the authorizations and the **specific expenditures** from the reserve for future maintenance?

Yes \_\_\_\_\_ No \_\_\_\_\_

# 2005 ENDOWMENT CARE FUND AND SPECIAL CARE FUND REPORT

## SCHEDULE D1 SPECIAL CARE FUND CORPUS

Line No.		
1	Flower Trust(s)	
2	Special Lot Care, etc.	
3	Cremation Trust Fund(s)	
4	Markers, Vaults, and Future Services Trust Fund(s)	
5a	Others(s)	
5b		
5c		
5d		
6	<b>Total special care trust fund(s) corpus</b>	

## SCHEDULE D2 SPECIAL CARE FUND RESERVE FOR LOSSES

Line No.		
1	Beginning balance	
2	Additions to the reserve for the current year	
3	Total available reserve for losses	
4	Less: Capital losses realized	
5	<b>Total ending balance reserve for losses</b>	
6	<b>Total special care trust fund(s) corpus, and reserve for losses</b>	

Explain the basis of the current year additions to the reserve for losses.

If any losses are applied to the reserve, give a detailed description of the losses.  
**Attach additional pages if necessary.**

# 2005 ENDOWMENT CARE FUND AND SPECIAL CARE FUND REPORT

## SCHEDULE E CARE FUND

*(endowment care fund, special care fund, or commingled trust fund investments)*

### INVESTMENTS

Complete a separate schedule for each trust maintained by the cemetery authority. If the cemetery authority has commingled the endowment care and special care funds for investment, only one schedule is needed. **Attach additional pages if necessary.**

Line No.	Description	Market Value	Cost Basis
1e			
2e			
3e			
4e			
5e			
6e			
7e			
8e			
9e	Total Investments		

Net unrealized gain (loss):

Line No.		
10e	Total market value	
11e	Less: Total cost basi	( )
12e	Net unrealized gain (loss)	

If any trust funds are commingled for investment, complete the following:

Line No.		
13e	Amount of total net unrealized gain (loss) allocated to the Endowment Care Fund	
14e	Amount of total net unrealized gain (loss) allocated to the Special Care Fund(s)	

Describe the allocation basis:

## 2005 ENDOWMENT CARE FUND AND SPECIAL CARE FUND REPORT

### SCHEDULE F

#### CORPUS AND INVESTMENT RECONCILIATION

Line No.		
1	Total endowment care fund corpus, reserves, and unexpended income (Schedule A, line 26)	
2	Total special care trust fund(s) corpus (Schedule D2, line 6)	
3	Total trust fund(s) corpus	
4e	Less: Total investments (Schedule E, line 11e)	
9e	Difference	

If there is a difference, please explain.

# 2005 ENDOWMENT CARE FUND AND SPECIAL CARE FUND REPORT

## SCHEDULE G

### CARE FUND

*(Endowment care fund, special care fund, or commingled trust fund investments)*

### SCHEDULE OF REALIZED CAPITAL GAINS AND LOSSES

Complete a separate schedule for each trust fund. If the cemetery authority has commingled the endowment care and special care funds for investment, only one schedule is needed. **Attach additional pages if necessary.**

LINE NO.		Date of Disposition	Amt. From Disposition	Cost Basis	Gain (Loss)
1					
2					
3					
4					
5					
6					
7	Total net realized gain (loss)				
8	Income tax effect				
9	Total net realized gain (loss) after income tax				

If any trust funds are commingled for investment, complete the following:

LINE NO.		
10	Amount of total net realized gain (loss) allocated to the endowment care fund	
11	Amount of total net realized gain (loss) allocated to the special care fund(s)	

Describe the allocation basis:

## 2005 ENDOWMENT CARE FUND AND SPECIAL CARE FUND REPORT

### VERIFICATION of 2005 ENDOWMENT CARE FUND and SPECIAL CARE FUND REPORT

I certify under penalty of perjury, under the laws of the State of California that I am a duly appointed, qualified and acting officer of the cemetery corporation and that the statements contained and answers given in this report, including all attachments thereto, are complete, true and correct to the best of my knowledge and belief.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_  
(President or Vice President)

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_  
(Other Corporate Officer)

Date: \_\_\_\_\_

### FILING THE REPORT

- The report must be postmarked on or before June 1, 2006 (fiscal year filers must file within five months after the close of the fiscal year).
- The report is not considered filed if it is not accompanied by the required audit report.
- The report is not considered filed if it is not verified above by the president or vice president and one other officer of the cemetery corporation.
- If the report is not filed by the required date, the cemetery authority is subject to a fine of \$400 per month. **Failure to file the report may result in disciplinary action by the Bureau.**

Mail the completed *2005 Endowment Care Fund and Special Care Fund Report* along with the required audit report to:

**Cemetery and Funeral Bureau  
Annual Cemetery Trust Fund Reports  
1625 North Market Blvd., Suite S-208  
Sacramento, CA 95834**